



STEVEN L. BESHEAR
GOVERNOR

ROBERT D. VANCE
SECRETARY

PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF HVAC

TIM HOUSE, ACTING DIVISION DIRECTOR
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405
TELEPHONE: (502) 573 – 0395 FAX: (502) 573 – 1401
WEBSITE: WWW.OHBC.KY.GOV

Request for Change of Information

I, _____, HVAC License #: _____, hereby request a change of information.

Address (No fee required)

Company Change for Journeyman / Apprentice (No fee required)

Company Change for Master HVAC Contractors Requirement

License Change Fee of \$15.00 (Make check payable to Kentucky State Treasurer)

New Certificate of Insurance (Showing New Company, Certificate Holder must read: Department of Housing, Buildings & Construction, Division of HVAC, 101 Sea Hero Rd., Ste. 100, Frankfort, KY 40601-5405)

Personal Information

Name: _____ Telephone #: (_____)_____-_____
Last First Initial

Address: _____
(Street, Route, or P O Box Number) (County Name)

City _____ State _____ Zip _____

Company Information

Company Name: _____ Telephone #: (_____)_____-_____
(Street, Route, or P O Box Number) (County Name)

Company Address: _____
(Street, Route, or P O Box Number) (County Name)

City _____ State _____ Zip _____

Send Mail to: Home Address _____ Company Address _____

Applicant Signature: _____ SS#: _____-_____-_____

HVAC 16 (07-08)



Equal Opportunity Employer M/F/D